

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 6 — 0 4 0

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 13, 1996

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10, 42 CFR 447.200 Subpart C.

7. FEDERAL BUDGET IMPACT:

a. FFY 1996-97 \$ (\$5,346,308)

b. FFY 1997-98 \$ (\$6,192,552)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, ~~Page 2~~ Page 2 **

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same ~~Page 2~~ TN-96-39 **

10. SUBJECT OF AMENDMENT:

specify*

The purpose of this amendment is to ~~xxxxxxx~~ that long-term care hospitals are reimbursed for psychiatric services using the prospective per diem established for psychiatric hospitals.

11. GOVERNOR'S REVIEW (Check One):

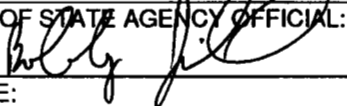
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Bobby P. Jindal

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 23, 1996

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P. O. Box 91030
Baton Rouge, Louisiana 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 31, 1996

18. DATE APPROVED:

JANUARY 22, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 13, 1996

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

~~Stacy M. Cline~~
Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS: *Pen and Ink Change to block 10 to changing the word "stipulate to the word specify."
**Pen and Ink Change to to Block 8 and 9, Per State's Letter dated 10-19-00 (2nd Clock).

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

- B. Effective for dates of service on or after July 1, 1994, Medicaid reimbursement for inpatient hospital services in a non-state operated hospital will be made according to prospective per diem rates for various peer groups of hospitals/units.

Exception: Reimbursement for the following specialty units differs from the methodology in Item B., and each is calculated using a unique methodology as described in the specified letter location under Section I. Costs for these units are carved out of the costs for the general or specialty hospitals, and used to calculate rates specific to these units.

Hospital/Unit Type	Item Letter
Distinct Part Psychiatric Units	F
Transplant Units	G
Head Injury Neurological Rehab Care Units	H

1. Peer Groups

- a. The five general hospital peer groups are:
- (1) Major teaching hospitals
 - (2) Minor teaching hospitals
 - (3) Non-teaching hospitals with less than 58 beds
 - (4) Non-teaching hospitals with 58 through 138 beds
 - (5) Non-teaching hospitals with more than 138 beds
- b. Separate peer group payment rates are established for each group of these specialty hospitals:
- (1) Long-term (ventilator) hospitals (for services other than psychiatric treatment, which are reimbursed at the prospective per diem rate described in the following items in Attachment 4.19-A: Item 14a, Item 16, and Item 1.F. beginning on page 10l)
 - (2) Children's hospitals
- c. Separate peer group payment rates are established for each group of resource-intensive inpatient services listed below. Costs for these units are carved out of the costs for the general or specialty hospitals listed above, and used to calculate rates specific to these units.

STATE <u>LOUISIANA</u>	A
DATE RECD <u>12-31-96</u>	
DATE APD <u>01-22-01</u>	
DATE EFF <u>10-13-96</u>	
HCFR 179 <u>96-40</u>	

TN# 96-40 Approval Date 01-22-01 Effective Date 10-13-96
Supersedes
TN# 96-39